



US VIRGIN ISLANDS
DEPARTMENT
of **LABOR**

PO Box 302608-Charlotte Amalie
St. Thomas, VI 00803-2608
P:(340) 776-3700 F:(340) 715-5742

A Separate Request Must Be Completed For Each Job Title Or Project.

☐ **SUMMER WORK EXPERIENCE** ☐ **YEAR ROUND WORK EXPERIENCE** ☐ **INTERNSHIP**

Unit _____ ☐ For Profit ☐ Not-for-Profit ☐ Government

Mailing Address _____

Email	Email
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Phone/Ext	Phone/Ext
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Fax No.	Fax No.
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Work Environment: ☐ On-site ☐ Virtual ☐ Blended

Physical Address of Youth's Location	Island

Title or Name of Project that Youth(s) will work on:

Total Number Positions Requested: _____ **Projected Starting Date:** _____

STX: _____ STT: _____ STJ: _____

Job/Project Description (*attach supplement if needed*):

[illegible]

Education/Specific Skills Required

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*Upon acceptance of participants, your agency is totally responsible for the daily work experience and supervision of the participant. **Please sign below and return this form with your business license or incorporation papers (if applicable) to the appropriate Department of Labor Office.***

Employer Authorization	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Authorized Employer's Signature	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Print Name	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Title

Approval
FOR OFFICE USE ONLY
<hr/>
Approving Officer, Department of Labor
<hr/>
Date